

FILED JUL 25 1957

STANDARD CERTIFICATE OF DEATH

23729

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5140 Registrar's No. 455

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Epps Township Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN St. Louis Inside Limits OR Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Transient Length of stay in 1b				d. STREET ADDRESS (If outside, give location) 3665 Rutger St Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Eva Middle M. Last Hoops				4. DATE OF DEATH Month July Day 17 Year 1957			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 22 1895	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Troy Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME George Bailey				14. MOTHER'S MAIDEN NAME Clara Priest			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 492-24-2712		17. INFORMANT William Morris 6829 Ravenscroft Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile accident DUE TO (c) 8234						INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 32						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile hit tree					
20c. TIME OF INJURY Hour 11:40 a. m. 8-18-57 Month 8 Day 18 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Public Hiway					
20e. CITY, TOWN, OR LOCATION Butler COUNTY Mo. STATE Mo.		20f. CITY, TOWN, OR LOCATION Butler COUNTY Mo. STATE Mo.					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Greer Croy & Fitch (Degree or title)				22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED July 18 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-18-57		23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo. ADDRESS				25. DATE RECD BY LOCAL REG. 7/20/57		26. REGISTRAR'S SIGNATURE PA McIntee	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JUL 22 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 49

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.